



RECORD

OF

DEATHS.

Thiggar *Wm. Crosby* *Casper*
Mrs. Bnoele *Robt Jones*
Trantwein *Ed. Hurrian*
Clapsaddle *Vitch*
Josephus Chandler *Wm. Fred*
Thurman *Dennis*
Reinman *Schweubler*
 BY
Provinio *Pursell*
Krehtel *Eaton*
Mrs. Carpenter *Baer*

A. L. Benedict

From *April 27*, 1897

To *May 18*, 1905

BUFFALO & ERIE COUNTY
 HISTORICAL SOCIETY
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A-72-34

CITY OF BUFFALO. N. Y.
STATE OF NEW YORK—BUREAU OF VITAL STATISTICS.

Report of Death.

Full Name of Deceased

Simon Huggar

Age

Years

Months

Days

32

41

[illegible]

~~Single, Married or Widowed~~

Occupation.

Beer besser

Birthplace.

Germany State or Country.

Color and Race.

Father's Birthplace

Father's Name,

Mother's Birthplace

Mother's Name.

Place of Death.

How long a Resident here

Years	Months	Day
1	1	1

8. (How long in the United States, if foreign born)

Years	Months	Days
-------	--------	------

14

Apr 24/87

Wm. Rind

Date of Death

Reported by

Date _____

Chief Cause of Death

Certified by

....., M. D.
Medical Attendant.

Buried at

By

Undertaken

Residence

NOTE—This stub will not be received as a certificate of death, as it is intended to aid the physician in keeping a registry of the deaths occurring in his practice.



CITY OF BUFFALO.
STATE OF NEW YORK—BUREAU OF VITAL STATISTICS.

Report of Death.

Full Name of Deceased, Catherine Stz Brock

	Years.	Months.	Days.
Age,	56	11	23

~~Single, Married or Widowed,~~

Occupation, Housewife

Birthplace, Germany (State or Country.)

Color and Race, _____

Father's Birthplace, German

Father's Name, Matthew A. St...

Mother's Birthplace, Germany

Mother's Name, Regine Catherine Wolch

Place of Death, 1901

How long a Resident here Buffalo

Years	Months	Days
48		

 (How long in the United States, if foreign born)

Years	Months	Days
48		

Date of Death, Aug 8/97, 4.45 P.M.

Reported by

Date, Aug 18

Chief Cause of Death, 2nd 2nd 2nd 2nd

7. Handwritten signature

Certified by _____, M. D.

Buried at _____ Medical Attendant.

By _____ Undertaken _____

Residence, _____

² This stub will not be received as a certificate of death, as it is intended to aid the physician.

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CITY OF BUFFALO.
STATE OF NEW YORK—BUREAU OF VITAL STATISTICS.

Report of Death.

Full Name of Deceased, *Franciska Gieckle Traubner*

Age,

Years	Months	Days
<i>54</i>	<i>3</i>	<i>12</i>

~~Single~~, Married or Widowed, _____

Occupation, *Housewife*

Birthplace, _____ (State or Country,) *Germany*

Color and Race, *W.*

Father's Birthplace, *Germany*

Father's Name, *John Gieckle*

Mother's Birthplace, *Germany*

Mother's Name, *Mary Grossmann Gieckle*

Place of Death, *176 Madison St.*

How long a Resident here,

Years	Months	Days
<i>43</i>		

 (How long in the United States, if foreign born)

Years	Months	Days
<i>43</i>		

Date of Death, *Sept 9/97*

Reported by *B*

Date, *Sept 10/97*

Chief Cause of Death, *and sore, 3 1/2 - [unintelligible]*

7 7.8 [unintelligible] 93.

Certified by _____, M. D.
[Signature] Medical Attendant.

Buried at _____

By _____ Undertaker.

Residence, _____

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CITY OF BUFFALO.
STATE OF NEW YORK—BUREAU OF VITAL STATISTICS.

Report of Death.

Full Name of Deceased, *Etna B. Clepsaddle*

Age,

Years	Months	Days
<i>41</i>		

Single, Married or widowed, *Married*

Occupation, *District Nurse*

Birthplace, *U.S.* (State or Country,)

Color and Race, *W.*

Father's Birthplace, *John Clepsaddle*

Father's Name, *John Clepsaddle*

Mother's Birthplace, *Mary McQuaid Co.*

Mother's Name, *U.S.*

Place of Death, *Woman's Hospital*

How long a Resident here,

Years	Months	Days
<i>10</i>		

 (How long in the United States, if foreign born.)

Date of Death, *Jan 10/98, 17 O'C.*

Reported by

Date,

Chief Cause of Death, *Appendicular Abscess
resulting in Septicemia*

Certified by *L. D. [Signature]*, M. D.
Medical Attendant.

Buried at

By _____ Undertaker.

Residence,

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CITY OF BUFFALO.
STATE OF NEW YORK—BUREAU OF VITAL STATISTICS.

Report of Death.

Full Name of Deceased, *Josephus Chandler*

Age,

Years.	Months.	Days.
69		

Single, Married or Widowed,

Occupation, *Chapman*

Birthplace, *W.S.* (State or Country,) *Conn.*

Color and Race, *W.*

Father's Birthplace, *Chapman*

Father's Name, *Chandler*

Mother's Birthplace, *Elizabeth*

Mother's Name, *W.S.*

Place of Death, *100 Rutie St.*

How long a Resident here,

Years	Months	Days
35		

 How long in the United States, if foreign born,

Years	Months	Days

Date of Death, *Feb. 3/98*

Reported by, *Ellen M. Chandler*

Date, *Feb. 3/98.*

Chief Cause of Death, *Hepatic Sclerosis & Toxaemia*

Certified by, *[Signature]*, M. D.
Medical Attendant.

Buried at

By, Undertaker.

Residence,

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CITY OF BUFFALO.
STATE OF NEW YORK—BUREAU OF VITAL STATISTICS.

Report of Death.

Full Name of Deceased, John M. Thurn

Age,

Years	Months	Days
37		

~~Single~~, Married ~~or~~ Widowed,

Occupation, Grocer, Paperhanger &c

Birthplace, Germany (State or Country,)

Color and Race, W.

Father's Birthplace, Germany

Father's Name, _____

Mother's Birthplace, Germany

Mother's Name, _____

Place of Death, 601 E. North

How long a Resident here,

Years	Months	Days

 (How long in the United States, if foreign born.)

Years	Months	Days

Date of Death, Apr. 15/98 15.40

Reported by B

Date, Apr. 16/98

Chief Cause of Death, Cardiac dilatation 7,

no 9.30

Certified by B Medical Attendant, M. D.

Buried at _____

By _____ Undertaker.

Residence, _____

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CITY OF BUFFALO.
STATE OF NEW YORK—BUREAU OF VITAL STATISTICS.

Report of Death.

Full Name of Deceased, Jacob Reimann
 Age,

Years	Months	Days
69	—	17

 Single, Married or Widowed, married
 Occupation, Builder
 Birthplace, Germany (State or Country,)
 Color and Race, White
 Father's Birthplace, Germany
 Father's Name, Ludwig Reimann
 Mother's Birthplace, Germany
 Mother's Name, Ottilla Jung
 Place of Death, 1176 Main St., Buffalo
 How long a Resident here,

Years	Months	Days
33		

 (How long in the United States, if foreign born)

Years	Months	Days
33		

 Date of Death, May 22, 1899.
 Reported by John A. Son.
 Date, May 22, 1899
 Chief Cause of Death, Carcinoma (diffuse) of stomach
 Certified by A. S. Benedict, M. D.
 Medical Attendant.
 Buried at _____
 By _____ Undertaker.
 Residence, 1176 Main St.

This stub will not be received as a certificate of death, as it is intended to aid the physician in keeping a registry of the deaths occurring in his practice.



CITY OF BUFFALO.
STATE OF NEW YORK—BUREAU OF VITAL STATISTICS.

Report of Death.

Full Name of Deceased, Jas. Prunio

Age,

Years	Months	Days
7	1	—

Single, ~~Married~~ or Widowed, —

Occupation, —

Birthplace, Buffalo (State or Country,) —

Color and Race, —

Father's Birthplace, Italy

Father's Name, —

Mother's Birthplace, Italy

Mother's Name, Maria Antonia Ceraso P.

Place of Death, 33 Mechanic 2d floor

How long a Resident here, since birth

Years	Months	Days
—	—	—

 How long in the United States, if foreign born

Years	Months	Days
—	—	—

Date of Death, Mch 18/97

Reported by —

Date, Mch 18/97

Chief Cause of Death, Pneumonia ab 20 days, in attendance since Mch 6

Certified by —, M. D.
Medical Attendant.

Buried at —

By — Undertaker.

Residence, —

This stub will not be received as a certificate of death, as it is intended to aid the physician in keeping a registry of the deaths occurring in his practice.



CITY OF BUFFALO.
STATE OF NEW YORK—BUREAU OF VITAL STATISTICS.

Report of Death.

Full Name of Deceased, Edgar John Krehbiel
 Age,

Years	Months	Days
26	8	0

 Single, ~~Married~~ or Widowed, _____
 Occupation, Teacher
 Birthplace, Clarence (State or Country,) N.Y.
 Color and Race, _____
 Father's Birthplace, Jacob K.
 Father's Name, Clarence
 Mother's Birthplace, Clarence
 Mother's Name, Leah Strickler
 Place of Death, Clarence
 How long a Resident here,

Years	Months	Days
26	8	0

 (How long in the United States, if foreign born)

Years	Months	Days

 Date of Death, June 17/99
 Reported by brother by telephone to Congdon
 Date, June 17/99
 Chief Cause of Death, Tuberculosis of bone (vertebrae)
immediate Meningeal Chrys. fibrous Pneum.
 Certified by _____, M. D.
 Medical Attendant, _____
 Buried at _____
 By _____ Undertaker.
 Residence, _____

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CITY OF BUFFALO.
STATE OF NEW YORK—BUREAU OF VITAL STATISTICS.

Report of Death.

Full Name of Deceased, *Cara Carpenter*

Age,

Years	Months	Days
67		

Single, Married or Widowed, *M.*

Occupation, *Housewife*

Birthplace, *U.S.* (State or Country,)

Color and Race, *W.*

Father's Birthplace, *U.S.*

Father's Name, *Harvey Carpenter*

Mother's Birthplace, *U.S.*

Mother's Name, *Sisters Hosp.*

Place of Death, *Sisters Hosp.*

How long a Resident here,

Years	Months	Days
27	30	10

 (How long in the United States, if foreign born)

Years	Months	Days

Date of Death, *Dec 10/89 1901*

Reported by *Dr Dennis*

Date, *Dec 10/89*

Chief Cause of Death, *Uraemic coma 6 days
Chromolurency neph. notor 2 yrs*

Certified by *[Signature]*, M. D.
Medical Attendant.

Buried at-----

By----- Undertaker.

Residence,-----

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CITY OF BUFFALO.
STATE OF NEW YORK—BUREAU OF VITAL STATISTICS.

Report of Death.

Full Name of Deceased, *Catherine Kelley Crosby*

Age,

Years	Months	Days
<i>48</i>	<i>0</i>	<i>27</i>

Single, Married or Widowed, _____

Occupation, *Housewife*

Birthplace, _____ (State or Country,) *Ct.*

Color and Race, *W.*

Father's Birthplace, *Ir. Ireland*

Father's Name, *Wm. Kelley*

Mother's Birthplace, *Theresa Evans K*

Mother's Name, *Eng.*

Place of Death, *371 Plymouth*

How long a Resident here, *Buffalo*

Years	Months	Days
<i>40</i>		

 (How long in the United States, if foreign born)

Years	Months	Days
<i>0</i>		

Date of Death, *Nov. 22, 1900*

Reported by, *G. E. present*

Date, *7*

Chief Cause of Death, *Inanition gradual (ind.)
Gastric dil. prob. due to carcinoma duodeni*

Certified by, *[Signature]*, M. D.
Medical Attendant.

Buried at _____

By _____ Undertaker.

Residence, _____

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CITY OF BUFFALO.
STATE OF NEW YORK—BUREAU OF VITAL STATISTICS.

Report of Death.

Full Name of Deceased, Robert Jones

Age,

Years.	Months.	Days.
73	11	6

~~Single, Married or Widowed,~~

Occupation, Bricklayer

Birthplace, Ireland (State or Country,)

Color and Race, W

Father's Birthplace, Ireland

Father's Name, Robert Jones

Mother's Birthplace, Ireland

Mother's Name, Mary Ann Boyd Jones

Place of Death, 112 Hudson

How long a Resident here,

Years	Months	Days
50		

 (How long in the United States, if foreign born)

Years	Months	Days
50		

Date of Death, Jan 8/1901, 9.20 PM

Reported by family

Date, Jan 8/1901

Chief Cause of Death, grippe pneumonia / wk
7, 2, 2, 2, 10

Certified by [Signature], M. D.
Medical Attendant.

Buried at _____

By _____ Undertaker.

Residence, _____

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CITY OF BUFFALO.
STATE OF NEW YORK—BUREAU OF VITAL STATISTICS.

Report of Death.

Full Name of Deceased, *Edward Morrison*

Age,

Years	Months	Days
35		

Single, Married or Widowed, *S.*

Occupation, *Painter*

Birthplace, *W* (State or Country), *US*

Color and Race, *W*

Father's Birthplace, *—*

Father's Name, *Patrick*

Mother's Birthplace, *—*

Mother's Name, *—*

Place of Death, *889 Washington*

How long a Resident here,

Years	Months	Days
15	0	0

 (How long in the United States, if foreign born)

Years	Months	Days

Date of Death, *Jan. 31/1901*

Reported by, *Jas. Slattery*

Date, *Jan. 31/1901*

Chief Cause of Death, *Pulm. Tharyngeal Tuberc. ab. m. 7/1/00*

Certified by, *[Signature]*, M. D. Medical Attendant.

Buried at, *—*

By, *—* Undertaker.

Residence, *—*

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CITY OF BUFFALO.
STATE OF NEW YORK—BUREAU OF VITAL STATISTICS.

Report of Death.

Full Name of Deceased, *Christina Vuch*

Age,

Years.	Months.	Days.
45		

Single, Married ~~Married~~

Occupation, *Housewife*

Birthplace, *Germany* (State or Country,)

Color and Race, *W.*

Father's Birthplace, *Germany*

Father's Name, *Henry Baldani*

Mother's Birthplace, *Germany*

Mother's Name, *Barbara Fiedler*

Place of Death, *Residence*

How long a Resident here

Years	Months	Days
14		

 (How long in the United States, if foreign born)

Years	Month	Days
14		

Date of Death, *May 26/01* *22/01*

Reported by *Dr. Bennett*

Date, *May 26/01*

Chief Cause of Death, *Cancer of endometrium*
uterus

Certified by *E. W. J.* Medical Attendant, M. D.

Buried at _____

By _____ Undertaker

Residence _____

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CITY OF BUFFALO.
STATE OF NEW YORK—BUREAU OF VITAL STATISTICS.

Report of Death.

Full Name of Deceased, *Louisa Smith Waples*

Age, *56*
Years. Months. Days.

~~Single~~, Married or ~~Widowed~~,

Occupation, *Housewife*

Birthplace, *Eng.* (State or Country,)

Color and Race, *Eng.*

Father's Birthplace, *Eng.*

Father's Name, *Wm. Smith*

Mother's Birthplace, *Eng.*

Mother's Name, *Louisa Wade*

Place of Death, *60 Janison St.*

How long a Resident here, *8* Years *—* Months *—* Days (How long in the United States, if foreign born) *30* Years *—* Months *—* Days

Date of Death, *Jan 30/04* *3 AM*

Reported by *P* *Jan 30/04*

Date, *Jan 30/04*
Chief Cause of Death, *Tubercle, 2nd stage*
in l. lung

Certified by _____, M. D.
Medical Attendant.

Buried at _____

By _____ Undertaker.

Residence, _____

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CITY OF BUFFALO.
STATE OF NEW YORK—BUREAU OF VITAL STATISTICS.

Report of Death.

Full Name of Deceased, Abraham D. Davis

Age,

Years	Months	Days
53	4	

Single, Married or Widowed, Widowed

Occupation, Merchant

Birthplace, London (State or Country,) Eng

Color and Race, W

Father's Birthplace, Germany

Father's Name, Fannie Lewis Davis

Mother's Birthplace, Germany

Mother's Name, Fannie

Place of Death, 436 Ashland

How long a Resident here,

Years	Months	Days
51		

 (How long in the United States, if foreign born)

Years	Months	Days
51		

Date of Death, Feb. 19/04

Reported by Miss Apple, nurse

Date, Feb. 19/04

Chief Cause of Death, Hepatic Cancer about 2 mcs. high white obstruct about 4 days

Certified by [Signature], M. D.

Medical Attendant.

Buried at

By _____ Undertaker.

Residence, _____

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CITY OF BUFFALO.
STATE OF NEW YORK—BUREAU OF VITAL STATISTICS.

Report of Death.

Full Name of Deceased, *Regina Dold Schoenleber*

Age,

Years	Months	Days
68	8	7

~~Single~~, Married or Widowed,

Occupation, *Housewife*

Birthplace, *Germany* (State or Country,)

Color and Race, *W.*

Father's Birthplace, *Germany*

Father's Name, *John Jacob Dold*

Mother's Birthplace, *Germany*

Mother's Name, *Christina*

Place of Death, *365 E. Eagle St.*

How long a Resident here,

Years	Months	Days
20	—	—

 (How long in the United States, if foreign born)

Years	Months	Days
51	—	—

Date of Death, *May 2/03 6 1/2 AM*

Reported by *Telephone*

Date, *May 2/03*

Chief Cause of Death, *Apoplexy*

Certified by *[Signature]*, M. D.
Medical Attendant.

Buried at.....

By..... Undertaker.

Residence,

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CITY OF BUFFALO.
STATE OF NEW YORK—BUREAU OF VITAL STATISTICS.

Report of Death.

Full Name of Deceased, Jasper N. Pursell

Age,

Years.	Months.	Days.
74	5	12

~~Single~~, Married Married

Occupation, Inspector

Birthplace, Pa. (State or Country.)

Color and Race, W.

Father's Birthplace, N. J.

Father's Name, Hugh P.

Mother's Birthplace, Pa.

Mother's Name, Rachel Childs P.

Place of Death, 322 Fulton

How long a Resident here,

Years	Months	Days

 (How long in the United States, if foreign born.)

Years	Months	Days

Date of Death, July 26/04 1701C.

Reported by Frank by telephone

Date, July 26.

Chief Cause of Death, secondary carcinoma of duodenum ischaemia reman-

Certified by [Signature], M. D.
Medical Attendant.

Buried at

By _____ Undertaker.

Residence, _____

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CITY OF BUFFALO.
STATE OF NEW YORK—BUREAU OF VITAL STATISTICS.

Report of Death.

Full Name of Deceased, Earl L. Eaton

Age,

Years.	Months.	Days.
44		

Single, Married or Widowed, M.

Occupation, Farmer

Birthplace, _____ (State or Country,) U.S.

Color and Race, W

Father's Birthplace, U.S.

Father's Name, _____

Mother's Birthplace, U.S.

Mother's Name, _____

Place of Death, Niagara Hospital

How long a Resident here,

Years	Months	Days
		18

 (How long in the United States, if foreign born.)

Years	Months	Days

Date of Death, Aug 28/04

Reported by Mrs. Frances Q. Mills

Date, Aug 29/04

Chief Cause of Death, _____

17 2 3-10 2

Certified by E, M. D. Medical Attendant.

Buried at _____

By _____ Undertaker.

Residence, _____

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CITY OF BUFFALO.
STATE OF NEW YORK—BUREAU OF VITAL STATISTICS.

Report of Death.

Full Name of Deceased, Conrad Baer

Age,

Years.	Months.	Days.
79	8	21

~~Single~~, Married or Widowed.

Occupation, Real Estate, Traveler to the B

Birthplace, Germany (State or Country,)

Color and Race, W.

Father's Birthplace, Germany

Father's Name, Leonard Baer

Mother's Birthplace, Germany

Mother's Name, Anna Kunigunde Baer

Place of Death, 41 E. Tupper

How long a Resident here,

Years	Months	Days
62		

 (How long in the United States, if foreign born)

Years	Months	Days
62		

Date of Death, Jan 1/04 22 1/2 o'clock.

Reported by C. L. Baer

Date, Jan 1/04

Chief Cause of Death, Cardiac degeneration
& catarrhal pneumonia

Certified by E, M. D.
Medical Attendant.

Buried at.

By _____ Undertaker.

Residence, _____

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CITY OF BUFFALO.
STATE OF NEW YORK—BUREAU OF VITAL STATISTICS.

Report of Death.

Full Name of Deceased, *Michael Anthony Casper*

Age,

Years	Months	Days
<i>52</i>	<i>7</i>	<i>8</i>

~~Single~~, Married or ~~Widowed~~,

Occupation, *Mason*

Birthplace, *Buffalo* (State or Country,)

Color and Race,

Father's Birthplace, *Germany*

Father's Name, *Theoald Casper*

Mother's Birthplace, *Germany*

Mother's Name, *Mary Kricke*

Place of Death, *899 Washington*

How long a Resident here,

Years	Months	Days
<i>10</i>	<i>10</i>	<i>10</i>

 (How long in the United States, if foreign born)

Years	Months	Days

Date of Death, *May 18, 1905, 3 A.M.*

Reported by, *Miss Margaret W. Downie*

Date, *May 18, 1905*

Chief Cause of Death, *Pulmonary tuberculosis 2 yrs.*

Hepatic sclerosis 3 years

Surround carcinoma of stomach with metastases to liver

Certified by, *[Signature]*, M. D.
Medical Attendant.

Buried at,

By, _____ Undertaker.

Residence,

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BUFFALO
HISTORY
MUSEUM

